MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07772

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George.
City or town College Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
513 Arundel Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince George.
City or town College Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 513 Arundel Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert A. Babbitt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Mary Babbitt
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1870

8. AGE:

Years	Months	Days	If less than one day
69	7	17	hrs. min.

9. Birthplace Council Bluff, Iowa
(Town, county, and state)
10. Usual occupation Retired Employee
11. Industry or business U.S. Tradesply.
FATHER 12. Name Eldridge Babbitt
13. Birthplace Unknown.
MOTHER 14. Maiden name Mary Reese
15. Birthplace Unknown
16. Informant R. E. Tolson.
Address 1635 Jonquil N.W. Wash. D.C.
17. Cedar Hill (Burial) Date thereof July 29, 1940.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Prince Geo County, Md.
18. Funeral director W. W. Chambers Co.
Address 918 Cleveland Ave, Riverdale, Md.
19. July 27" 1940 Mrs. Jas. Severe
(Date rec'd by registrar) Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

	DURATION
Immediate cause of death Acute Cardiac Dilitation	7/25.
Due to Chr. Hypertrophic	?
Due to	
Other conditions Septicemia Chr.	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other
Address Riverdale Md Date signed 7/25/40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

CERTIFICATE OF DEATH

07773

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Riggs road.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: near Hyattsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jemima Barrett

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	wid.

6 (b) Name of husband or wife: Louis Barrett
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 31. 1845

8. AGE:

Years	Months	Days	If less than one day
94	8	19	hrs. min.

9. Birthplace: maryland (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Basil Roley
13. Birthplace: md
MOTHER 14. Maiden name: Deborah Beall.
15. Birthplace: Md.
16. Informant: Franklin Barrett
Address: Hyattsville md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21. 40 (month) (day) (year)
Cemetery or crematory: Colesville md.
Location: Colesville
18. Funeral director: Warner E. Pumphrey
Address: Silver Spring
19. July 20 1940 (Date rec'd by registrar) Mrs. Jos. Devere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 6 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 19 1940, and that I last saw her alive on July 19 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: Several Months
Due to: Senility — 2-3 years
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE: Wm. Allen Garfield M. D. or other
Address: Berwyn. Md. Date signed: July 20 1940

RECEIVED
AUG 6 1940
BUREAU V. S.

07774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County: Prince Georges.

City or town: Forestville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Mary Elizabeth Beach.

3. (b) Social Security Number

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James H. Beach.

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1856

8. AGE: Years: 83. Months: 10 Days: 7 If less than one day _____ hrs. _____ min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: HW.

11. Industry or business

FATHER: 12. Name: J. Stanford

13. Birthplace: D.C.

MOTHER: 14. Maiden name: unk.

15. Birthplace

16. Informant: Mr. Raymond Beach.

Address: 1233 K St SE.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7-4-40 (month) (day) (year)

Cemetery or crematory: Congressional.

Location: Wash D.C.

18. Funeral director: W.W. Chambers.

Address: 517-11 st SE. Wash D.C.

19. 7/4 1940 (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 4 1940, and that I last saw her alive on July 3 1940.

Immediate cause of death: Uremic coma following Acute cystitis

Due to: Prolapse of Uterus

Due to _____

Other conditions: Chronic Cholecystitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION: July 1 1940. unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Paul C Van Natta M. D. ~~or other~~

Address: Bennings D.C. Wh 1 Date signed 7/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07775

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 mos.

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County: —

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1626 Swan st., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William C. Bell

3. (b) Social Security Number: 578-01-7081

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	married (separated)

6 (b) Name of husband or wife: unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 10, 1895

8. AGE:

Years	Months	Days	If less than one day
45	—	2	____ hrs. ____ min.

9. Birthplace: Harper's Ferry, Va.
(Town, county, and state)

10. Usual occupation: waiter

11. Industry or business: restaurant

FATHER
12. Name: Wm. H. Bell
13. Birthplace: Rosslyn, Va.

MOTHER
14. Maiden name: Sara Strothers
15. Birthplace: Luray, Va.

16. Informant: Deceased

Address: —

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: July 12, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: [illegible]

Address: 1432 You St. N.W.

19. July 12 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940, at 3:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28 1940, to July 12 1940, and that I last saw him alive on July 12 1940.

Immediate cause of death: Tuberculosis of Lungs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Tuberculosis of lungs

DURATION: 7 mos. from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 7/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-E)

CERTIFICATE OF DEATH

07776

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County prince georges Co.
City or town allentown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County prince geos Co
City or town allentown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara D. Biggs

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Elmer H. Biggs
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
37			hrs. min.

9. Birthplace Va
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name John M. Dalton
13. Birthplace Va

MOTHER
14. Maiden name Helen L. Witt
15. Birthplace Va

16. Informant Elmer H. Biggs
Address allentown maryland

17. Burial Date thereof July 26 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bella M. E. Church Cemetery
Location Camp Springs Md
18. Funeral director Thomas F. Murray
Address 2007 - Nichols ave S.E. Wash D.C.
19. 7/25 40 Harry E. Lyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 23 1940, to July 24 1940, and that I last saw her alive on July 24 1940

	DURATION
Immediate cause of death Obstructive Jundice	Unknown
Due to adhesions about Common Bile Duct	unknown
Due to	
Other conditions Acute Cardiac decompensation	7/23/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploration - Operation at Johns Hopkins Hosp June 14 1940
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul C. VanMatta M. D.
Address Bennings D.C. Date signed 7/24/40
R # 1

Has been treated since Last Fall (1939).
Columbia Hospital, and Georgetown
Hospital Washington, D.C. Treated
June and July at Johns Hopkins Hospital
Baltimore, and D. C. Malta -

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 07777 2345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince georges
City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 910 Wine Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince georges
City or town Hyattsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 910 Julvie Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Lincoln Bohannon

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Susie E. Bohannon
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 31, 1865

8. AGE:

Years	Months	Days	If less than one day
75	3	17	____ hrs. ____ min.

9. Birthplace Occoquan, Va.
(Town, county, and state)
10. Usual occupation Meat Cutter - retired
11. Industry or business

FATHER
12. Name Thomas Bohannon
13. Birthplace Occoquan, Va.

MOTHER
14. Maiden name Laura Gregg
15. Birthplace Occoquan, Va.

18. Informant Mrs. Hyman L. Bohannon
Address 910 Wine Ave. Hyattsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20, 1940 (month) (day) (year)
Cemetery or crematory Pohick Cemetery
Location Pohick, Virginia
18. Funeral director W. W. Chambers Co.
Address Riverdale, Md.

19. July 19 1940 Mrs. Jas Severe Deputy Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 18 1940, and that I last saw h alive on July 18 1940.

Immediate cause of death	DURATION
Chronic Nephritis with Hypertension	6 Wks.
Due to	
Due to Generalized Carcinosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE G. Wertz M. D.
M. D. or other
Address Hyattsville, Md. Date signed 7-15-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-L)

07778

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
County Prince Georges
City or town Accokeek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 44 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Georges
City or town Accokeek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A Brawner

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Oscar Brawner
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): About 1854
8. AGE: Years: 86 Months: Days: If less than one day: ____ hrs. ____ min.
9. Birthplace: Charles County (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace: Unknown Charles Co. Md
MOTHER 14. Maiden name: Mary Jane Thomas
15. Birthplace: Charles Co
16. Informant: Julian V Brawner
Address: Accokeek Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12-40 (month) (day) (year)
Cemetery or crematory: Piscataway Md
Location
18. Funeral director: Hunt & Ryon
Address: Waldorf Md
19. July 11 1940 (Date rec'd by registrar) Mrs. Alton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940 at 1 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to July 10 1940 and that I last saw deceased alive on July 7 1940

Immediate cause of death: Mitral regurgitation — DURATION: 6 or 7 years
Due to: Artero Sclerosis & Chronic Nephritis — 7 or 8 yrs
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John E Brawner M. D. or Other
Address Brandywine Md Date signed July 11 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

07779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13C)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos. 6 days

Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 6 mos. 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1246 Girard st., N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: William Briscoe

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 17, 1921

8. AGE: Years: 19 | Months: 2 | Days: 9 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Ashbury, Va. (Town, county, and state)

10. Usual occupation: student

11. Industry or business: school

FATHER — 12. Name: Beverly Briscoe

FATHER — 13. Birthplace: Ashbury, Va.

MOTHER — 14. Maiden name: Elizabeth Thomas

MOTHER — 15. Birthplace: Ashbury, Va.

16. Informant: Deceased pt.

Address: —

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 29, 1940 (month) (day) (year)

Cemetery or crematory: cemetery

Location: Washington, D. C.

18. Funeral director: Joseph C. Faunce

Address: 1841-22nd St. N.W.

19. July 26 1940 (Date rec'd by registrar) Leo V. Klemide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940 to July 26 1940 and that I last saw him alive on July 26 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 mo.
Due to:	
Due to: —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: Pulmonary tuberculosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Glenn Dale, Md.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07780

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, Hospital, or Institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 days
Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 842 - 21st. St. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frederick Brooks

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mamie Wheeler Brooks
6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Dec. 19, 1891

8. AGE:

Years	Months	Days	If less than one day
48	7	5	hrs. min.

8. Birthplace: Orange Court House, Va. (Town, county, and state)
10. Usual occupation: Messenger
11. Industry or business: Veterans Bureau
FATHER 12. Name: Robert E. Brooks
FATHER 13. Birthplace: Orange Court House, Va.
MOTHER 14. Maiden name: Alice Jackson
MOTHER 15. Birthplace: Orange Court House, Va.
16. Informant: deceased
Address: above
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/27/40 (month) (day) (year)
Cemetery or crematory: Harmony Mem.
Location: Washington D.C.
18. Funeral director: Thos. Frazier Co.
Address: 389 - R. I. Ave N.W. Wash. D.C.
19. July 25 1940 (Date rec'd by registrar) Leo V. Bowie M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 9:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 24 1940, and that I last saw h- in- alive on July 24 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	about 5 months
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed 7/24/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

07781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Joseph Brown

3. (b) Social Security Number ~~None~~ 220-07-9754 (Rev.)

4. Sex Male

5. Color or race Col

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 - 1898

8. AGE: Years 42 Months 6 Days 3 If less than one day hrs. min.

9. Birthplace St. Marys Co.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name James Brown
13. Birthplace Md

MOTHER
14. Maiden name Sally Dade
15. Birthplace Md

16. Informant Isadore Dade

Address Bladensburg, Md

17. Burial Date thereof 7-10-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Md.

18. Funeral director F. Gasch's Sons.

Address Hyattsville, Md.

19. July 10 1940 F. Mrs Norgle Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 11 30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death Hemorrhage and Shock

Due to Gunshot wound through chest

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 7-7-40

Where did injury occur? Cheverly (City or town) Pr. Geo. (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Gunshot Injured at work? no

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 7-8-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07782

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Benjamin Carrick

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife Blanche Coale

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1885

8. AGE: Years 55 | Months 1 | Days 5 | If less than one day hrs. min.

9. Birthplace Anne Arundel Co Md
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Zack Carrick
13. Birthplace Anne Arundel Co Md

MOTHER
14. Maiden name Eliza Wedding
15. Birthplace Unknown

16. Informant Claude G Carrick

Address Hall Md

17. Burial. Date thereof July 16-40.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Oak

Location Mitchellville, Md.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md.

19. July 15 1940 Lewis Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 9 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Acute congestive heart failure

Due to Cardio vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James S. Boyd M. D. or other

Address Forestville Md Date signed 7-14-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07783

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural Near Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 11 mo, 22 d.

Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 T. Street, N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stella Lois Craven

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	Single

6(b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 19, 1904

8. AGE: Years	Months	Days	If less than one day
36	0	2	hrs. min.

9. Birthplace: Pittsburgh, Penna. (Town, county, and state)

10. Usual occupation: School teacher

11. Industry or business:

FATHER — 12. Name: Robert Craven

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Wande Davis

15. Birthplace: North Carolina

16. Informant: Patient

Address: 125 T. Street, N. W. Washington, D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 7/22/40 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: George W. Lewis.

Address: 2053 8th St. N.W.

19. July 22nd 1940 (Date rec'd by registrar) Dr. V. Klemide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 6:29 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1939 to July 21 1940, and that I last saw her alive on July 20, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 year 5 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Cavity of left lung, etc. Tb. enteritis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 7/21/40

Glenn Dale, Md.

RECEIVED
AUG 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

136

017784

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George

City or town Bellaville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Geo. Co.

City or town Bellaville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Osreal Crumpler

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1919

8. AGE:

Years	Months	Days	If less than one day
21	6	22	hrs. min.

9. Birthplace Bellaville

(Town, county, and state)

10. Usual occupation none

11. Industry or business school Boy

FATHER 12. Name John D. Crumpler sr

13. Birthplace Bellaville

MOTHER 14. Maiden name Lottie Ross

15. Birthplace Nurserick

16. Informant John D. Crumpler

Address Bellaville

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 1940 (month) (day) (year)

Cemetery or crematory Evergreen Chapel

Location Nursery

18. Funeral director J.B. Johnson

Address Annapolis

19. July 9 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1937, to July 7 1940 and that I last saw him alive on July 4 1940

	DURATION
Immediate cause of death Pulmonary Tuberculosis	1937
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Warren MD M. D. or other

Address Laurel Md Date signed 7-7-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

.CEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

07785

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town Cedar Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 595 Erie St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Prince George

City or town Cedar Heights Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 595 Erie Street.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth R. Davis

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis D. Davis

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): March 1865

8. AGE: Years 75 Months 4 Days If less than one day hrs. min.

9. Birthplace Granville Co. N. C.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Private Family

FATHER 12. Name Madison Royster

13. Birthplace Granville, N. C.

MOTHER 14. Maiden name Martha W. Taylor

15. Birthplace Granville, N. C.

16. Informant Louis D. Davis

Address Seat Pleasant, Md.

17. (Burial, cremation, or removal. ~~Which?~~) Date thereof (month) (day) (year)

Cemetery or crematory

Location Washington D. C.

18. Funeral director M. F. Malvin

Address 424 - P. St. N. W. D. C.

19. 7-27-1940 (Date rec'd by registrar) Thos S. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15, 1940, to July 26, 1940, and that I last saw her alive on July 26, 1940.

	DURATION
Immediate cause of death: Cerebral Haemorrhage	3 days
Due to: Hypertension,	
Due to: Chronic Arthritis	10 mo
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Harrison C. Belden M. D. or other

Address Fairmount Heights, Md. Date signed 7-26-40

RECEIVED
AUG 8 1940
BUREAU V. S.

07786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(132)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 7 (mos.) 18 days.

Stay in this community (yrs., or mos., or days) in Wash. 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County ✓

City or town DC. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 44 - Mass. Ave N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Herbert Davis

3. (b) Social Security Number 579-16-7780

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 25th 1919

8. AGE: Years 20 | Months 6 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Lynchburg S. C. (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business: Upholstery Store.

FATHER

12. Name: Elias Davis

13. Birthplace: S C.

MOTHER

14. Maiden name: Carrie

15. Birthplace: SC.

16. Informant: Deceased

Address: 44 - Mass. Ave N.W. Wash. DC

17. removal (Burial, cremation, or removal. Which?) Date thereof July 14, 1940 (month) (day) (year)

Cemetery or crematory

Location: South Carolina

18. Funeral director: Robinson Co.

Address: 1342-4th St. N.W.

19. July 14 1940 (Date rec'd by registrar) Le V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1940, at 1:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25th 1939, to July 13th 1940, and that I last saw him alive on July 13th 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 11 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Glenn Dale, md. Date signed 8/1/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

07787

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Cedar Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6424 Huron St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cedar Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6424 Huron St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Deal

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1917

8. AGE: Years 23 | Months 4 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William Deal
13. Birthplace Ossining N.Y.

MOTHER
14. Maiden name Ruby Claybourne
15. Birthplace Richmond, Va.

16. Informant Ruby Deal
Address Seat Pleasant, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/5/40 (month) (day) (year)

Cemetery or crematory Woodlawn Cemetery

Location D.C.

18. Funeral director M. T. Malvan
Address 424 R. St N.W.

19. July 3 1940 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 930 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1940, to July 2 1940, and that I last saw him alive on July 2, 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 10 days

Due to B. Pneumoniae

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Harrison C. Beldon
M. D. or other
Address Fairmount Hgts, Md. Date signed 7-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

07806

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince George's

City or town Fairmount Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6123 Addison Chapel Rd

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 21 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Fairmount Heights Ward No. 18

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6123 Addison Chapel

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Dorsey, Charles Mason

3. (b) Social Security Number 578-05-4288

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

B (b) Name of ~~husband or~~ wife Dorsey, Julia

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 7, 1872

8. AGE:

Years	Months	Days	If less than one day
68	4	24	— hrs. — min.

9. Birthplace Montgomery Co., Maryland (Town, county, and state)

10. Usual occupation Stationary Engineer

11. Industry or business Laundry

FATHER

12. Name Dorsey, Tilghman

13. Birthplace Montgomery Co., Maryland

MOTHER

14. Maiden name Boutis, Rachael

15. Birthplace Montgomery Co., Maryland

16. Informant Dorsey, Mabel J.

Address 6123 Addison Chapel Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 4 1940 (month) (day) (year)

Cemetery or crematory Local Cem.

Location Martinsburg, Md.

18. Funeral director C. B. Johnson

Address Hyattsville

1940 8-3 (Date rec'd by registrar) Registrar Irene A. Emmons

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1940, to July 31 1940, and that I last saw him alive on July 31 1940.

Immediate cause of death Myocardial Infarction (Coronary sclerosis) — DURATION 3 mo

Due to —

Due to —

Other conditions Cystitis, prostatitis — 2 mo

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Theodore Pinckney, M.D.

M.D. or other

Address 4832 Deane Ave N.E., D.C. Date signed 7-31-40

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07788

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale (Rural Near)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 5 months

Stay in this community (yrs., or mos., or days): same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County: D.C.

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2859 Mills Ave. N.E.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: James M. Dougherty

3. (b) Social Security Number: 577-12-6812

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1902

8. AGE: Years: 37 Months: 6 Days: 28 If less than one day hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: Patrick Dougherty
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Sadie E. McCandlish
15. Birthplace: Washington, D.C.

16. Informant: Deceased.

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7/2/40 (month) (day) (year)

Cemetery or crematory

Location: Washington. D.C

18. Funeral director: W. W. Chambers

Address: 517-11th st., s.e., Washington D.C

19. July 2nd 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 7:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1940, to July 2 1940, and that I last saw him alive on July 2 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 yrs 3 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed 7/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

07789

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Riverdale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 439 Washington ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 18 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Riverdale Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 439 Washington ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Richard Jerome Flood.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Mary Flood.
6(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): March 5, 1861

8. AGE:

Years	Months	Days	If less than one day
79	4	16	hrs. min.

9. Birthplace: Washington DC (Town, county, and state)
10. Usual occupation: Letter Carrier
11. Industry or business: post office
FATHER 12. Name: William Wadsworth Flood.
13. Birthplace: Illinois
MOTHER 14. Maiden name: Mary Virginia MacWilliams
15. Birthplace: Charles Co, Maryland
16. Informant: Richard J. Flood Jr.
Address: 16 Moorfield, Hyattsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 24, 1940 (month) (day) (year)
Cemetery or crematory: Glenwood Cemetery
Location: Washington, D.C.
18. Funeral director: W. W. Chambers Co
Address: Riverdale, Md.
19. July 21 1940 (Date rec'd by registrar) Mrs. Jas. Severa Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1940, to July 20 1940, and that I last saw him alive on July 20 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	2 weeks
Due to general arteriosclerosis	?
Due to hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none performed.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Lawrence W Mellin MD.
M. D. or other
Address: Riverdale, Md Date signed: 7-21-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-E

07790

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville R F D #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D. #1

(If rural give LOCATION) Old age Pension Case # 4940

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Elizabeth Forney

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John P. Forney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 3, 1869

8. AGE: Years 71 | Months 4 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Indiana (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER

12. Name Richard Seeck

13. Birthplace Indiana

MOTHER

14. Maiden name unk.

15. Birthplace unk.

16. Informant Herbert Heisterman

Address Riggs Rd. R F D #1, Hyatts. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 1, 1940 (month) (day) (year)

Cemetery or crematory Colesville Cemetery Colesville, Md.

Location

18. Funeral director W. W. Chambers Co.

Address Riverdale, Md.

19. Aug. 1st 1940 Mrs Jas. Severe Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 11:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1940, to July 30 1940 and that I last saw her alive on July 30 1940.

Immediate cause of death	DURATION
Cerebral	
Hemorrhage	6 days
Arteriosclerosis	1 yr +
Due to	
Carcinoma of Colon	1 yr +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE A. Etienne M. D. or other

Address Berwyn Date signed July 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07791

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos. 6 days

Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium

How long in hospital or institution? 2 mos. 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 617 Princeton St. N.W. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Benjamin Garfinkle

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Sarah Garfinkle

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 23, 1862

8. AGE: Years: 78 Months: 3 Days: 7 If less than one day ..... hrs. ..... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Myer Garfinkle

13. Birthplace: Russia

MOTHER 14. Maiden name: Ray Mirsky

15. Birthplace: Russia

16. Informant: Deceased

Address: 617 Princeton St. N.W. Wash. D.C.

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: July 31 1940 (month) (day) (year)

Cemetery or crematory:

Location: Washington, D.C.

18. Funeral director: B. Danzansky & Son.

Address: 3501-14 St-N.W.

19. July 31 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940, at 6 47 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24, 1940, to July 30 1940 and that I last saw him alive on July 30, 1940

Immediate cause of death: Pulmonary Tuberculosis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 6 yrs. from history

Major findings of operations: —

Date of op.:

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Glenn Dale, Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-C)

CERTIFICATE OF DEATH

07792

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Melwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Melwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) If VETERAN, NAME WAR

3. (a) FULL NAME Joseph M Gofney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1939

8. AGE: Years | Months 8 | Days 22 | If less than one day hrs. min.

9. Birthplace Washington DC

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles Ashby Gofney

FATHER 13. Birthplace West Virginia

MOTHER 14. Maiden name Mary E. Fortner

MOTHER 15. Birthplace Maryland

16. Informant Mary E Gofney

Address Melwood Md Rt

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/19/40 (month) (day) (year)

Cemetery or crematory Prince Geo. Co. Alms House

Location Pitchie, Md

18. Funeral director Pitchie Bros.

Address Upper Marlboro, Md.

19. July 19 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 10:54 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Tetanus	
Due to Acute hemorrhagic ulcerative Colitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L Bond M. D. or other

Address Forestville Md Date signed 7-18-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

07793

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Clinton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Clinton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theodore Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Agnes Green

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) July 5, 1902

8. AGE:

Years	Months	Days	If less than one day
37	11	26	hrs. min.

9. Birthplace Clinton, Prince Georges Co, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Frank William Green

13. Birthplace Maryland

MOTHER 14. Maiden name Estella Johnson

15. Birthplace Maryland

16. Informant Francis E Green

Address Clinton Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory J-Bell

Location J-Bell Maryland

18. Funeral director John Stewart

Address 30-H St, N.E.

19. 7/1 (Date rec'd by registrar) 19 40 Harry E Lyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 40, at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____,

and that I last saw h____ alive on ____ 19____.

Immediate cause of death Acute Congestive heart failure — DURATION

Due to Myocardosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address [redacted] Forestville Md Date signed 7-1-40

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

07794

Reg. Dist. No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town Mt. Rainier

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: WITHIN CORPORATE LIMITS

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt. Rainier Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3615 - Perry St. Mt. Rainier

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Henry Hall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Lizzie E. Hatcher

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 30 - 1847

8. AGE:

Years	Months	Days	If less than one day
93	10	26	____ hrs. ____ min.

9. Birthplace Prince George County.

(Town, county, and state)

10. Usual occupation Truck Gardener

11. Industry or business

FATHER

12. Name Frederick

13. Birthplace Prince Geo. County

MOTHER

14. Maiden name Mary Carroll

15. Birthplace Montgomery County

16. Informant Wm. H. Hall

Address 3016 - Ohio N. E.

17. Burial. Date thereof 7 - 30 - 40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rock Creek.

Location Washington D. C.

18. Funeral director William J. Talley.

Address 3200 - R. I. Ave. Mt. Rainier

19. July 29 19 40 Henry Hall ☆

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940, at 10 00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to July 26 1940, and that I last saw h-im alive on July 25 1940

Immediate cause of death	DURATION
(a) Lead Examination	2 hrs
Due to Weather	
(b) Generalized Arteriosclerosis	30 yrs
Due to	
Other conditions Mild prostatism	

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest J. Parenti M.D.

M. D. or other

Address 1026 Monroe St NE Washington D. C. Date signed 7-26-40

RECEIVED
AUG 8 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-A)

CERTIFICATE OF DEATH

07795

Reg. Diat. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Silver Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 7 years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Silver Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Edgar Hancock

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Angelina Hancock 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1864

8. AGE:

Years	Months	Days	If less than one day
76	3	23	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER	12. Name	Hancock
	13. Birthplace	Maryland
MOTHER	14. Maiden name	Elizabeth Hancock
	15. Birthplace	Maryland

16. Informant Leland Wilmer Hancock

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 1940 (month) (day) (year)

Cemetery or crematory All Faith's Cemetery

Location St Marys Co. Md.

18. Funeral director Thomas F. Murray

Address 2007 Nichols ave S.E. Washington D.C.

19. July 13 1940 (Date rec'd by registrar) L. O. Minear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to July 13 1940, and that I last saw h- alive on July 16 1940.

	DURATION
Immediate cause of death Toxemia Exhaustion	
Due to Carcinoma of prostate with metastasis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Boyd M. D. or other

Address Forestville Md Date signed 7-13-40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

07796

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro R#1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Upper Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard H. Hereford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

B (b) Name of husband or wife Edgar Slingluff

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 12 - 1900

8. AGE:

Years	Months	Days	If less than one day
39	11	12	____ hrs. ____ min.

9. Birthplace Woodyard, Pr. Geo. Co. Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Delicatessen

FATHER 12. Name Richard H. Hereford

FATHER 13. Birthplace Woodyard, Pr. Geo. Co. Md.

MOTHER 14. Maiden name Kate Mitchellmoore

MOTHER 15. Birthplace England

16. Informant Mrs. Richard H. Hereford

Address Upper Marlboro Md.

17. Burial (Burial, cremation, or removal—which?) Date thereof July 26-40 (month) (day) (year)

Cemetery or crematory Trinity Episcopal

Location Upper Marlboro, Md.

18. Funeral director Tilghman Bros.

Address Upper Marlboro, Md.

19. July 25 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to July 24 1940, and that I last saw him alive on July 24 1940.

Immediate cause of death	DURATION
Chronic Interstitial nephritis	unknown
(b) With Uraemic Convulsions	7/24/40
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C Van Natta M. D. or other

Address Bennings D.C. R#1 Date signed 7/24/40.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

07797

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince Georges

City or town Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: In front of National Memorial Cemetery

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 318 - N. Y. AVE, N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charles Hodges

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lillian Hodges

6(c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation Waiter

11. Industry or business

FATHER 12. Name Charles Hodges

13. Birthplace Va

MOTHER 14. Maiden name Cora Diggs

15. Birthplace Va

16. Informant Phillip Hodges

Address 318 N.Y. AVE, N.W. Wash. DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Richmond July 31-40

Location Va

18. Funeral director M. T. Malvan

Address 424 - R - St N.W.

19. July 31 1940 (Date rec'd by registrar) M. Brashears Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 12 31 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Hemorrhage, Shock

Due to Fracture of right temporal region of skull

Due to Crushed abdomen and chest, Fracture of pelvis

Other conditions Fracture of right radius

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-29-40

Where did injury occur? Contee (City or town) Prince Georges (County) Md (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Ped. Trust truck by car Injured at work? No

23. SIGNATURE James H Boyd M.D. or other

Address Forestville Md Date signed 7-29-40

RECEIVED
SEP 3 1940
BUREAU V. S.

John Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07798

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Rural – Glenn Dale Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mo. 4 d.
Hospital, Institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 3 mo. 4 d.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1545-6th Street, N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Sadie Irene Houston

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 5, 1926

8. AGE: Years	Months	Days	If less than one day
14	4	25	hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)
10. Usual occupation: Student
11. Industry or business: School
FATHER 12. Name: Jerry Mac Houston
13. Birthplace: McDuberry Co., N.C.
MOTHER 14. Maiden name: Annie B. Harris
15. Birthplace: Huntersville, N.C.
16. Informant: Annie B. Houston
Address: 1545-6th St. N.W, Washington, D.C.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 30, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D.C.
18. Funeral director: George W. Sewis & Co.
Address: 2032-8th Street, N.W.
19. July 30 1940 (Date rec'd by registrar) Les V. McWaide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30, 1940, at 10:22 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26, 1940, to July 30, 1940 and that I last saw her alive on July 30, 1940

	DURATION
Immediate cause of death: Miliary Tuberculosis	6 mo
Due to:	
Due to:	
Other conditions: Tuberculous Meningitis	1 mo

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: Miliary Tuberculosis of lungs, Tb. Meningitis
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanitorium Date signed:
Glenn Dale, Md.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07799

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 8 mo. 22 da.

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 118 1/2 M. St., S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gertrude Howard

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	single

6 (b) Name of husband or wife: —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan. 14, 1916

8. AGE:

Years	Months	Days	If less than one day
24	5	28	hrs. min.

9. Birthplace: Edgefield, S. C.
(Town, county, and state)

10. Usual occupation: Housemaid

11. Industry or business: Private Home

FATHER
12. Name: John W. Howard
13. Birthplace: Edgefield, S. C

MOTHER
14. Maiden name: Effie Richardson
15. Birthplace: Edgefield, S. C.

16. Informant: Deceased

Address: —

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: July 12, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Eugene Ford

Address: 1300 South Capitol Street Wash. D.C.

19. July 12 1940 (Date rec'd by registrar) Leo V. Kluneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940, at 6:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1939, to July 12 1940, and that I last saw her alive on July 12 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1 yr. 8 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed 7/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83E)

CERTIFICATE OF DEATH

017800

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Capitol Hgts.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 24 S. 61st St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3½ yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince Georges
City or town Capitol Hgts. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 24 - S. 61st St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise C. INZER

3. (b) Social Security Number 578-03-7300

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife John H. Inzer
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 24th 1873

8. AGE:

Years	Months	Days	If less than one day
67	-	7	____ hrs. ____ min.

9. Birthplace New York, N.Y. (Town, county, and state)
10. Usual occupation Operator
11. Industry or business Sewing Co.
FATHER 12. Name Unknown
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Germany
16. Informant John H. Inzer
Address 24 S. 61st St. Cap. Hgts. Md.
17. Removal Date thereof July 31, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Washington Memorial Park
Location D.C. Md.
18. Funeral director W. W. Chambers Co.
Address 517 - 11th St. S.E. Wash. D.C.
19. 7-31 1940 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1940, at 2:52 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-3 1940 to 7-31 1940 and that I last saw h alive on 7-31 1940.

Immediate cause of death	DURATION
Cerebral Embolus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. J. McNulty M.D.
M. D. or other
Address 1016 E. Cap St. Wash. D.C. Date signed 7-31-40

RECEIVED
AUG 5 1940
BUREAU V. S.

07801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Rural near Glenn Dale Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 mo - 25 days

Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County D.C

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 304 E. St. N.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Jackson

3. (b) Social Security Number 579-09-3246

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10/14/03.

8. AGE: Years 36 Months 9 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace Lawrence Co. Tenn.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business —

FATHER 12. Name Jim Jackson

13. Birthplace Ala -

MOTHER 14. Maiden name Mary Allice Green

15. Birthplace Lorodale Co - Ala.

16. Informant Deceased

Address —

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7 - 24 - 40 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director J. William Lee's Sons

Address 300 - 4th St. N.E., Washington, DC

19. 7/24 19 40 Leo V. Clinedale M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1940, at 3 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~July~~ 5/29 1940, to 7/23 1940, and that I last saw him alive on 7/23 1940

Immediate cause of death Pulmonary Tuberculosis

Due to —

Due to —

Other conditions None —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy Pulmonary Tuberculosis

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

07802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Pro Geo County

City or town: Berwyn Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Pro Geo Co

City or town: Berwyn Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Blanche Yvonne Kelly

3. (b) Social Security Number: None.

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Joseph A Kelly

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb 10. 1876

8. AGE: Years: 64 Months: 5 Days: 3 If less than one day ... hrs. ... min.

8. Birthplace: Quebec Canada (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: Pierre H. Heroux

13. Birthplace: Canada (Quebec)

MOTHER

14. Maiden name: Lida Betourway

15. Birthplace: Quebec Canada

16. Informant: Jean R Beelsford

Address: Berwyn Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 15, 1940 (month) (day) (year)

Cemetery or crematory: Ft Lincoln

Location: Washington D C

18. Funeral director: F Gasche Sons

Address: Hyattsville Md.

19. July 13 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1940 at 9.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1940, to July 12 1940 and that I last saw her alive on July 12 1940

Immediate cause of death	DURATION
Carcinoma - cervix	2 yrs?
Due to	
Due to	
Other conditions: Metastasis to Rectum, vagina, parametrium (Include pregnancy within 3 months of death)	1 yr?

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Samuel R. Berenberg, M.D. M. D. or other

Address: Greenbelt, Md. Date signed: July 13, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

07803

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46D)

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Mitchellville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) 9 weeks — garfield 2/3/40 - 15 and Casualty 1/20/40 - 2/3/40

Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mitchellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2/29 - 4/6/40

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aline Duckett Kolbe

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward M. Kolbe

Living 6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.): May 9, 1886

8. AGE: Years 54 | Months 1 | Days 28 | If less than one day — hrs. — min.

9. Birthplace: Mitchellville Md (Town, county, and state)

10. Usual occupation

11. Industry or business: Housewife

FATHER

12. Name: Walter Duckett

13. Birthplace: Mitchellville, Md

MOTHER

14. Maiden name: Susie Ritchie

15. Birthplace: Ritchie

16. Informant: Edward M. Kolbe

Address: Mitchellville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10-40. (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Washington, D.C. & Md. Line

18. Funeral director: Ritchie Brothers

Address: Upper Marlboro, Md

19 7-8 — 1940 Irene A. Conner

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7-1940, 19 2:30, at P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13, 1938, to July 7 1940, and that I last saw her alive on July 7 1940.

Immediate cause of death: Carcinoma rectum with metastasis

Due to

Due to

Other conditions: Inanition

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Pathological exam. sections metastasis to uterus and bladder

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Elma B Carr M. D. or other

Address 1029 Vermont Ave N.W. Washington D.C. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

07804

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Greenbelt

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schrom's airport ~~[illegible]~~

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County

City or town Springfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 517 Scott St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME James Albert Masters

3. (b) Social Security Number 287-07-2948

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gayle Masters

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.): April 1st 1918

8. AGE: Years 22 Months 3 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation Telephone linesman

11. Industry or business

FATHER 12. Name Jas Masters

13. Birthplace Ohio

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Gayle Masters

Address Springfield, Ohio

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 31 1940 (month) (day) (year)

Cemetery or crematory

Location Springfield, Ohio,

18. Funeral director F Garcia Sons.

Address Hyattsville, Md.

19. July 31 1940 (Date rec'd by registrar) F Mrs Norgle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1940, at 1:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Electrocution

Due to Airplane Crash

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-30-40

Where did injury occur? Greenbelt Pr Geo Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) airport

Means of injury Plane crashed Injured at work? no

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 7-30-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07805

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 6 months 14 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1760 Euclid St NW.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Mc Cabe

3. (b) Social Security Number: None given

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Single
(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 2 1903

8. AGE: Years	Months	Days	If less than one day
37	2	12	hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Upholsterer
11. Industry or business:
FATHER 12. Name: J. R. Mc Cabe
13. Birthplace: Virginia
MOTHER 14. Maiden name: Coral Havener
15. Birthplace: Virginia
16. Informant: Deceased
Address: 1760 Euclid St NW. Washington D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/16/40 (month) (day) (year)
Cemetery or crematory: Union Cemetery
Location: Leesburg Va
18. Funeral director: W. W. Deal
Address: 816 - H. St N.E. Washington D. C.
19. July 14 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1940, at 10:25 AM EST

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 1940, to July 14, 1940, and that I last saw h- alive on July 14, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mo.
Due to	
Due to	
Other conditions: Tuberculosis of the Intestines; Tuberculosis of the Larynx	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. (M. D. or other)
Address: Glenn Dale Sanatorium Date signed: 7/14/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

078117

1. PLACE OF DEATH (93d)

County Prince Georges Registration Dist. No. 242

Village or City Capitol Heights No. 61st + Southern Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lee Miles If U. S. Veteran, specify WAR

(a) Residence: No. 61st + Southern Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Amelia Clara Miles

6. DATE OF BIRTH (month, day, and year) May 10, 1866

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	74	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stores - keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Stores

10. Date deceased last worked at this occupation (month and year) March 1940

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) Montgomery County (State or country) Md.

FATHER

13. NAME James Miles

14. BIRTHPLACE (city or town) Montgomery County (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Moxsburg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs O. C. Miles

(Address) Capitol Heights Md

18. BURIAL, CREMATION, OR REMOVAL Place Addison Chapel Date Burial July 30, 1940

19. UNDERTAKER F. Gaschi's Sons

(Address) Bladensburg Md

20. FILED 7-29, 1940 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1939 to July 28, 1940

I last saw him alive on July 28, 1940; death is said to have occurred on the date stated above, at 8:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease with Rt. sided failure	5 yrs
Other Contributory Causes of importance: Generalized arteriosclerosis	10 yrs

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Williams Brannan M. D.

(Address) Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED AUG 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

078118

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Prince George's
City or town: Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 days.
Stay in this community (yrs., or mos., or days): Dont -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D C County: D.C.
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 121 - 2. St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Arthur Milledge

3. (b) Social Security Number: 577-12-9139

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Ethel Milledge

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar 6 - 1917

8. AGE:

Years	Months	Days	If less than one day
23	3	24	____ hrs. ____ min.

9. Birthplace: S. C. (Town, county, and state)

10. Usual occupation: Truck driver

11. Industry or business: —

FATHER
12. Name: John Milledge
13. Birthplace: S.C.

MOTHER
14. Maiden name: Mamie Miles
15. Birthplace: S.C.

16. Informant: Deceased
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: H. S. Washington & Sons
Address: 467 N. Street, N.W.

19. July 1st 1940 (Date rec'd by registrar) Le V. McMeekin M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/1 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940, to July 1 1940, and that I last saw h— alive on July 1 — 1940.

Immediate cause of death	DURATION
(a) Pulmonary Tuberculosis	
Due to (b)	
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

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AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1630)

07809

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Prince Georges

City or town Mt Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3514-36th St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mt Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3514-36th St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Clarence Elmer Moore

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Laura M Moore

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1887

8. AGE: Years 53 | Months 4 | Days 19 | If less than one day ____ hrs. ____ min.

8. Birthplace Georgetown D.C. (Town, county, and state)

10. Usual occupation Mail Carrier

11. Industry or business U.S. Govt.

FATHER
12. Name Ira Kinter Moore
13. Birthplace Pa.

MOTHER
14. Maiden name Mary A Wilson
15. Birthplace Georgetown D.C.

16. Informant Laura M Moore

Address 3514-36th St Mt Rainier

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7-13-40 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington Va.

18. Funeral director Wm. J. Nalley.

Address 3200-Rhode Island Ave. Mt. Rainier

19. July 12 1940 (Date rec'd by registrar) Harry Nalley M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Asphyxia

Due to Carbon Monoxide Poisoning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Suicide Date of 7-9-40

Where did injury occur? Mt Rainier Pr Geo Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Head in Gas Injured at work? Time of injury

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 7-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 25 1940
BUREAU V. S.

07810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Cheverly, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cheverly, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 366 Bellevieu Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick W. Nickel

3. (b) Social Security Number None.

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mable I Nickel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 24 1879

8. AGE: Years 68 (61) Months 5 Days 23 If less than one day hrs. min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden name ?

15. Birthplace

16. Informant Paul Nickel

Address Cheverly - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location

18. Funeral director W W Deal

Address 616 H St NE

19. July 17 1940 (Date rec'd by registrar) F Mc Yorgk Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1940 to July 17 1940, and that I last saw him alive on July 16 1940.

Immediate cause of death Coronary Occlusion — DURATION 2 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney, M.D. M. D. or other

Address Cheverly, Hyattsville, Md. 7-17-40 Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07811

(83a)

1. PLACE OF DEATH

County Prince Geo Registration Dist. No. 239

Village or City Laurel (WITHIN CORPORATE LIMITS) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Penn If U. S. Veteran, specify WAR

(a) Residence: No. 600 - 7th St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, day, and year) Dec 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME George W. Penn

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Caroline Selby

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Henry Penn (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Savage Md Date July 21, 1940

19. UNDERTAKER Floyd Lauder (Address) Laurel Md.

20. FILED July 21, 1940 Cora E. Wachter Registrar. Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 19th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1940, to 7-19, 1940

I last saw h-- alive on 7-19, 1940; death is said to have occurred on the date stated above, at 7 p. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7-19-40
Hypertension	5-27-40

Other **Contributory Causes** of importance:

Acute Cerebral Dilatation	7-18-40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. P. Warn M. D.

(Address) Laurel Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deccasecd last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07812

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 mo. 12 d.

Stay in this community (yrs., or mos., or days): same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County: ✓

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1313 Union Street, S.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Doris Phillips

3. (b) Social Security Number: No

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1925

8. AGE:

Years	Months	Days	If less than one day
14	8	9	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: School.

11. Industry or business

FATHER
12. Name: William Phillips
13. Birthplace: Washington, D.C

MOTHER
14. Maiden name: Esther Simms
15. Birthplace: Covington, W. Va.

16. Informant: patient

Address: as above

17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 10 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Eugene Ford

Address: 1300 South Capitol Street

19. July 10 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28 1940, to July 10 1940, and that I last saw her alive on July 10, 1940.

Immediate cause of death: Pulmonary Tuberculosis

DURATION: 1 yr 4 mos. 12 do

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Glenn Dale, Md. Date signed: 7/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07813

1. PLACE OF DEATH (46-5)

County Prince Geo. Registration Dist. No. 203

Village or City Hillmeade No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Eleanor Pinch If U.S. Veteran specify WAR

(a) Residence: No. Hilmead Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1879 - Apr - 8

7. AGE: Years 61 | Months 2 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Music Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec - 1939

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) South Natick-Mass

FATHER

13. NAME Pearse Pinch

14. BIRTHPLACE (city or town) (State or country) Cornwell - Eng

MOTHER

15. MAIDEN NAME Mary McAssey

16. BIRTHPLACE (city or town) (State or country) Walton - N.Y.

17. INFORMANT Esther Pinch (Address) Hillmead - Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Trinity Date July 6, 1940

19. UNDERTAKER Martin Rodgers Sons (Address)

20. FILED 7/5, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939, to July 4, 1940

I last saw her alive on July 4, 1940; death is said to have occurred on the date stated above, at 9:25 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer of Pancreas	unknown

Other **Contributory Causes** of Importance:

Name of operation Cholecystduodenostomy Date of Feb. 13, 1940

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Stephen Hellmuth M. D.

(Address) 3066 Dent Place, N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash. D.C.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

DENVER AUG 3 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Operation performed at Garfield Hospital, Washington, DC
Feb 13, 1940, confirmed diagnosis.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (102)

07814

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges County
City or town Tuxedo
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rhode Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Tuxedo Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #2 - Landover, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Yes

3. (a) FULL NAME Curtis Burton Porter

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of ~~husband or~~ wife Margaret J. Porter
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1891

8. AGE:

Years	Months	Days	If less than one day
49	6	12	____ hrs. ____ min.

9. Birthplace Tuxedo, Md.
(Town, county, and state)
10. Usual occupation Carpenter -
11. Industry or business U.S. Govt (Gravely Point)

FATHER
12. Name Elizah Porter
13. Birthplace Md.

MOTHER
14. Maiden name Martha Pickettes
15. Birthplace Md.

16. Informant Mrs. Margaret Porter
Address R.F.D. #2 - Landover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18, 1940 (month) (day) (year)
Cemetery or crematory Arlington Nat. Cemetery
Location Arlington Va.

18. Funeral director W. W. Chambers Co.
Address Riverdale, Md.

19. July 16, 1940 (Date rec'd by registrar) M. L. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 16 1940, and that I last saw h IM alive on July 15 1940

Immediate cause of death	DURATION
Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions Pleurisy	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John D. Maloney, M.D. M. D. or other
Address Beverly - Hyattsville Date signed 7-16-40

RECEIVED
AUG 6 1940
BUREAU V. S.

07815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, institution, or street address where death occurred?

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Pr Geo

City or town: Glenn Dale Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Wunder Pugh

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Laura V Pugh

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Haymarket Va Mar 9 1860

8. AGE: Years 80 Months 4 Days 22 If less than one day ... hrs. ... min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER: 12. Name: Wm L Pugh

13. Birthplace: Md

MOTHER: 14. Maiden name: Sarah E Newman

15. Birthplace: Va

16. Informant: Delia Bonner

Address: Glenn Dale Md Daughter

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 3 1940 (month) (day) (year)

Cemetery or crematory: Glendale Cem

Location: Glendale Md.

18. Funeral director: F Tash Sen

Address: Kyaulsville Md

19. 8/2 1940 (Date rec'd by registrar) Schneider Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1940, to July 31 1940 and that I last saw him alive on July 31 1940

Immediate cause of death: Heart Failure

Due to: Hypertension

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James H Trinitt MD M. D. or other

Address: Glenn Dale Md Date signed: Aug 1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1940
BUREAU V. S.

07816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170d)

CERTIFICATE OF DEATH

Reg. Dist. No. 2 35

1. PLACE OF DEATH:
County Prince Georgis
City or town Suitland, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georgis
City or town Suitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Lincoln A. Roberson

3. (b) Social Security Number

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: single

B (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 1 — 1919

8. AGE: Years 21 | Months 3 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Elizabethton, Tenn. (Town, county, and state)

10. Usual occupation Chaffeur.

11. Industry or business

FATHER
12. Name Charles Roberson
13. Birthplace Tenn.

MOTHER
14. Maiden name Stella Taylor
15. Birthplace Tenn.

18. Informant Mr. Charles Roberson
Address Suitland, Md.

17. Burial-Transportation, Date thereof July 29-40 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory
Location Elizabethton, Tenn.

18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. 7-29- 1940 Thos. S. Griffith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 2 20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 27 1940, and that I last saw him alive on July 27 1940.

Immediate cause of death: Acute Cardiac failure probably — DURATION: 12 hrs

Due to Toxic myocarditis

Due to Cellulitis Rt upper Thigh following Infection — 8 days

Other conditions: Accident on motorcycle ~~July 27 1940~~
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of
Where did injury occur? Hillside (City or town) Prince George (County) Md. (State)
Injured at home, farm, industry, public place (where?) State Road.
Means of injury Fell off of motorcycle Injured at work? no

23. SIGNATURE Paul C. Van Natta M. D. ~~or other~~
Address Bennings D.C. R#1 Date signed July 27 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
AUG 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

07817

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince Georges

City or town Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Transient

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town ~~Baltimore~~ Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1511 West Franklin

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Freamon Roscoe

3. (b) Social Security Number 215-01-5336

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1909

8. AGE: Years 31 yrs. Months 1 Days 24 If less than one day hrs. min.

9. Birthplace Winsor, N. C. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Roger Roscoe

13. Birthplace North Carolina

MOTHER 14. Maiden name Aurora Barnes

15. Birthplace North Carolina

16. Informant Ethel Garvin County

Address 1515 Baker St. Balto, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8, 1940 (month) (day) (year)

Cemetery or crematory Mt Calvary Cem

Location Cedar Hill Md

18. Funeral director George E. Kelson

1303 Brerrtmanst

Address Balto Md

July 7 1940 Cora E. Wachter Deputy. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 12.05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Hemorrhage and shock

Due to: Fracture of skull, Crushed chest

Due to: Fracture of Pelvis, Upward dislocation of right femur

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-4-40

Where did injury occur? Laurel Prince Georges Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Car ran into telegraph Pole Injured at work? no

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 7-4-40

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JUL 9 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07818

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Ritchie

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Ritchie Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. [illegible]

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Maurice Ryon (RYAN) | **3. (b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1857

8. AGE:

Years	Months	Days	If less than one day
83	0	7	hrs. min.

9. Birthplace Prince Georges Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Tobacco.

FATHER 12. Name Ryon

13. Birthplace Maryland

MOTHER 14. Maiden name Georgiana Handley

15. Birthplace Maryland

16. Informant Virgie Ryon

Address Ritchie Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18th 1940 (month) (day) (year)

Cemetery or crematory Mt. Carmel Cemetery

Location Upper Marlboro, Md.

18. Funeral director W. W. Chambers Co.

Address 517-11th St. S.E. Wash. D.C.

19. 7/16 19 40 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Myocardosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md. Date signed 7-16-40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07819

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Bradbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1490 - Southern Ave, Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Georges
City or town: Bradbury Hghts. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1490 - Southern Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War.

3. (a) FULL NAME: Herbert Leroy Sharper

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mabel Margaret
6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Nov. 4- 1893,

8. AGE: Years	Months	Days	If less than one day
46.	8	21	____ hrs. ____ min.

9. Birthplace: D.C. (Town, county, and state)
10. Usual occupation: Flouist
11. Industry or business: Own.
FATHER 12. Name: John. Sharper
13. Birthplace: D.C.
MOTHER 14. Maiden name: Alice Howard
15. Birthplace: D.C.
18. Informant: Mabel. M. Sharper
Address: 1490 - Southern Ave. Md.
17. (Burial, cremation, or removal. Which?) Cedar Hill Date thereof 7/27/40 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Md.
18. Funeral director: J. Frank Murray.
Address: Washington, D.C.
19. 7/25. 1940 Thos D Griffith. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25, 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10, 1938 to July 25, 1940 and that I last saw h in alive on July 25, 1940

Immediate cause of death: Bilateral pulmonary tuberculosis — DURATION: 21 yrs.
Due to: Bilateral gas inhalation during World War
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. Sharper
Address: 2210 Nichols ave, S.E. Washington, D.C. M. D. or other
Date signed: 7/25/40

RECEIVED
AUG 8 1960
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(S)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

07820

CERTIFICATE OF DEATH

Reg. Dist. No. 23 2

1. PLACE OF DEATH:

County: Prince George's

City or town: Upper Marlboro – Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Stillborn Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Stillborn Smith

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Stillborn

6 (b) Name of husband or wife: Stillborn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 21 1940

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. ____ min.

9. Birthplace: Upper Marlboro, Md (Town, county, and state)

10. Usual occupation: Stillborn

11. Industry or business:

FATHER

12. Name: Elmer Robert Smith

13. Birthplace: Upper Marlboro, Md

MOTHER

14. Maiden name: Florence Regina King

15. Birthplace: Mattawoman, Md

16. Informant: Mrs Elmer Smith

Address: Upper Marlboro, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21 1940 (month) (day) (year)

Cemetery or crematory: ~~Upper~~ on farm

Location: near Upper Marlboro Md

18. Funeral director: Elmer R. Smith

Address: Upper Marlboro Md

19. July 21 1940 (Date rec'd by registrar) Elmer Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 3:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ to ____ 19__, and that I last saw h__ alive on Stillborn 19__.

Immediate cause of death: Stillborn

Due to: Stillborn

Due to:

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Stillborn Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: none Injured at work?

23. SIGNATURE: James C. Sasser M. D. or other

Address: Upper Marlboro Date signed: 7/21/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

07821

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Oak Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges Co
City or town: Oak Grove Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Norman Franklin Sweeney

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ideela Sweeney
(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Oct 11, 1888

8. AGE:

Years	Months	Days	If less than one day
57	9	0	hrs. min.

9. Birthplace: Upper Marlboro
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: —

FATHER
12. Name: George W. Sweeney
13. Birthplace: Prince Georges Co Md

MOTHER
14. Maiden name: Martha Cook
15. Birthplace: Prince Georges Co Md

16. Informant: Norman Roger Sweeney
Address: Upper Marlboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13-40. (month) (day) (year)
Cemetery or crematory: Epiphany
Location: Forestville, Md.

18. Funeral director: Pilchie Brothers
Address: Upper Marlboro, Md.

19. July 12 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11, 1940, at 630 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to July 11 1940, and that I last saw him alive on July 10 1940

Immediate cause of death: Chronic Nephritis — DURATION: 6

Due to: —

Due to: —

Other conditions: Dilatation of Heart — 2 months
Uremia Coma — 4 days
(Include pregnancy within 8 months of death)

Major findings:
Of operations:
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Remedy Dasscer M. D. or other
Address: Upper Marlboro Date signed 7/11/40

RECEIVED
JUL 27 1945
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07822

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: PRINCE GEORGES

City or town: GREENBELT (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: GREENBELT HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days): 3 1/2 days

Stay in this community (yrs., or mos., or days): 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County:

City or town: BALTIMORE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4250 FALLS ROAD
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: JOSEPH CARROLL TUNNEY

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): AUG. 31, 1916

8. AGE: Years	Months	Days	If less than one day
23	10	26	hrs. min.

9. Birthplace: BALTIMORE, MD. (Town, county, and state)

10. Usual occupation: STUDENT

11. Industry or business: SCHOOL

FATHER
12. Name: THOMAS W. TUNNEY
13. Birthplace: BALTIMORE, MD.

MOTHER
14. Maiden name: ANNA C. CALLAN
15. Birthplace: LORETTO, PENN.

16. Informant: ANNA C CALLAN
Address: BALTIMORE, MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-29-40 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Baltimore Md.

18. Funeral director: G. L. Marshall
Address: Falls Road

19. 7/27 (Date rec'd by registrar) 1940 Q. W. Hedrick Acting State Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JULY 26, 1940, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/22 1940, to 7/26 1940, and that I last saw him alive on 7/25 1940.

Immediate cause of death	DURATION
RHEUMATIC HEART DISEASE — E.H. — R.S.R. — A.I. M.S. — M.I.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joe W Stine M.D.
M. D. or other

Address: Greenbelt, Md. Date signed 7/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Pumpkin
Shepherd 5-000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

07823

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Queen Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Central Avenue

Stay in hospital or inst. (yrs., or mon., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Queen Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War I.

3. (a) FULL NAME Dominick Turner

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1844

8. AGE:

Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Queen Anne Md

(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business Farm

FATHER 12. Name John Turner

13. Birthplace Maryland

MOTHER 14. Maiden name Henrietta Jones

15. Birthplace Maryland

16. Informant John Owens

Address Queen Anne Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 8-40 (month) (day) (year)

Cemetery or crematory Mt Nebo

Location Queen Anne, Md

18. Funeral director Pitcher Brothers

Address Upper Marlboro, Md.

19. July 8 19 40 Alan F. Smith

(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 11:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

	DURATION
Immediate cause of death Hemorrhage	
Shock	
Due to Fracture of base of skull	
Fracture of mandible	
Due to Fracture and dislocation of second cervical vertebra	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-4-40

Where did injury occur? Queen Anne (City or town) Pr. Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Hit and run Injured at work? no

23. SIGNATURE James H Boyd M. D. or other

Address Forestville Md Date signed 7-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

07824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13P)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County PRINCE GEORGE

City or town GLENN DALE
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: GLENN DALE SANATORIUM

Stay in hospital or inst. (yrs., or mos., or days) 2 mo. 2 days

Stay in this community (yrs., or mos., or days) 2 mo. 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County —

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2205 L. St., N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME WENDELL WARE

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1938

8. AGE:

Years	Months	Days	If less than one day
2	1	28	hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Conway Ware
13. Birthplace Spottsylvania Co., N.C.

MOTHER
14. Maiden name Ruth Moss
15. Birthplace Spottsylvania Co., N.C.

16. Informant Mrs. Ruth Ware
Address 2205 L. St., N.W., Washington, D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7-11-40 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director W. Ernest Jarvis
Address 432 Yarn St N.W.

19. July 11th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 11 1940, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to July 11 1940, and that I last saw him alive on JULY 11 1940.

Immediate cause of death
Pulmonary Tuberculosis
Tuberculous Meningitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

DURATION
2 mos.
13 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Glenn Dale, Md. Date signed 7/11/46

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-1)

07825

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County: Prince Georges
City or town: Bladensburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 4901 Cedar Stent
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED.
(If newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Bladensburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4901 Cedar St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3.(a) FULL NAME: Mary Annie Weaver

3. (b) Social Security Number:

4. Sex	5. Color or race	5.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: James B. Weaver
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 8. 1859

8. AGE:

Years	Months	Days	If less than one day
81	-	21	hrs. min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Charles H. Harris
13. Birthplace: Virginia
MOTHER 14. Maiden name: Mary A. Reed
15. Birthplace: Virginia
16. Informant: Mr Edna H. Lipscomb
Address: 4901 - Cedar St
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug. 1, 1940 (month) (day) (year)
Cemetery or crematory: Glenwood Cem.
Location: Washington, D. C.
18. Funeral director: The S.H. Sines Co.
Address: 2901 - 14th St NW.
19. July 29 1940 (Date rec'd by registrar) C. Wm Norgle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940, at 3:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1938 to July 29 1940 and that I last saw h CF alive on July 29 1940

Immediate cause of death	DURATION
Disseminated sclerosis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. C. Argyle M. D.
M. D. or other
Address: 1822 Biltmore St. N.W. Wash. D.C. Date signed: July 29 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07826

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 7-37

Village or City Brandywine No. St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Wedge If U.S. Veteran specify WAR

(a) Residence: No. Brown Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yeer) Jan 22, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	29	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D. C.

FATHER

13. NAME Benjamin E. Wedge

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Clara Pinkney

16. BIRTHPLACE (city or town) (Stete or country) Maryland

17. INFORMANT Clara Wedge (Address) Brown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 7/22 19 40

Prince Geo. Co. Alms House Cemetery

19. UNDERTAKER Ritchie Brothers (Address) Upper Marlboro Md

20. FILED July 22, 19 40 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I lest saw h alive on , 19 ; death is said to have occurred on the date steted above, at 5:00 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lung.	

Other **Contributory Causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was diseese or injury in eny way related to occupation of deceased?

If so, specify

(Signed) James J. Longest M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07827

(94a)

1. PLACE OF DEATH

County Pr. Geos Co — Registration Dist. No. 235

Village or City Suitland — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Wilton M. West

(a) Residence: No. Suitland St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lou Gowell (West)

6. DATE OF BIRTH (month, day, and year) May 9th. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
71.	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Truck

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gardener

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Pr. Geo's Co (State or country) Va.

FATHER

13. NAME Washington, J. West

14. BIRTHPLACE (city or town) Surry Co. (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Newcomb

16. BIRTHPLACE (city or town) Pr Geo's Co. (State or country) Va.

17. INFORMANT Mrs J.C. Cousins (Address) Rt. 1# Hope Will, Va.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cemetery Date July 3-40, 19

19. UNDERTAKER Thomas F. Murray (Address) 2007 - Nichols Ave S E

20. FILED 7/2, 1940 L. O. Minear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 2rd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1940, to 7-2, 1940

I last saw him alive on 7-2, 1940; death is said to have occurred on the date stated above, at 3:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	15 yrs.

Other Contributory Causes of Importance:

Coronary Thrombosis	4 days

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Donald W. Ingham M. D.

(Address) 1418 Good Hope Rd SE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

07828

CERTIFICATE OF DEATH

Reg. Dist. No. 640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Brandywine Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Prince Georges
City or town: Brandywine Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Unnamed Whittington

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 5 - 1940

8. AGE: Years | Months | Days | If less than one day: One hrs. min.

9. Birthplace: Brandywine, Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER 12. Name: John Whittington
13. Birthplace: Ann Arundle Co

MOTHER 14. Maiden name: Elizabeth Curtin
15. Birthplace: Prince Georges Co

16. Informant: John Whittington
Address: Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-6-1940 (month) (day) (year)
Cemetery or crematory: St. John's Cemetery, Clinton, Md.
Location: Clinton, Md.

18. Funeral director: John Whittington
Address: Brandywine Md

19. July 6 1940 (Date rec'd by registrar) F. W. Billingsley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5 1940, 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1940 to 19; and that I last saw her alive on July 5 1940.

Immediate cause of death: Asphyxia neonatorum — DURATION: 1 hr

Due to: Difficult birth

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Powers M. D. or other
Address: Brandywine, Md Date signed 7/5/1940

RECEIVED
AUG 2 1940
BUREAU V. S.

07829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:
County: Prince Georges
City or town: Mt Rainier
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred: 3934 - 29th St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Mt Rainier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3934 - 29th St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ralph S. Wirsching

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary Alberta Wirsching
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 2nd 1888

8. AGE: Years	Months	Days	If less than one day
52	5	19	..... hrs. ..... min.

9. Birthplace: Ohio (Town, county, and state)
10. Usual occupation: Printing Pressman
11. Industry or business: U. S. Bureau of Engraving.

FATHER
12. Name: George C. Wirsching
13. Birthplace: Ohio

MOTHER
14. Maiden name: Lula Mayhaugh.
15. Birthplace: Ohio

16. Informant: Ethel Schakelford
Address: Newport News, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 1940 (month) (day) (year)
Cemetery or crematory: Congressional Cemetery
Location: Washington, D.C.
18. Funeral director: H. H. Chambers Co.
Address: 918 Cleveland Ave., Riverdale Md

19. July 23 1940 Harry Nalley M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940 at 10:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Asphyxia	
Due to: Carbon Monoxide	
Poisoning	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 7-21-40
Where did injury occur? Mt Rainier Prgs Co. Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James J. Boyd M. D. or other
Address: Forestville Md Date signed 7-21-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 8 1940
BUREAU V. S.